

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026570

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. FILED JUL 23 1962 Primary Registration District No. 3019 Registrar's No. 134

VS 300  
Rev. 4/59

0355

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Dunklin Co. Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>607 Ballard</u>	
3. NAME OF DECEASED (Type or print) <u>Sally Mae Smith Bannister</u>		4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/28/1907</u>
9. AGE (last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory seamstress</u>		12. KIND OF BUSINESS OR INDUSTRY <u>factory</u>	
13a. FATHER'S NAME <u>Frank Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Coy C. Bannister</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. INFORMANT <u>Coy C. Bannister, Kennett, Mo.</u>		17. ADDRESS <u>Kennett, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Hemorrhagic Nephritis &amp; Uremia</u> DUE TO (b) <u>Acute Exacerbation of Chronic Pyelonephritis</u> DUE TO (c) <u>Traumatic Bladder &amp; Kidney injury (surgery)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute Hemorrhagic Gastritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 weeks</u> <u>15 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>          </u> a.m. <u>          </u> p.m. <u>          </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>September 1960</u> and last saw her alive on <u>July 18-1962</u> Death occurred at <u>approximately 3:00a</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Charles R. Cook M.D.</u>		22b. ADDRESS <u>Kennett Mo</u>	
22c. DATE SIGNED <u>7/15/1962</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>7/19/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	
23d. LOCATION (City, town, or county) <u>Kennett Missouri</u>		24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser. Kennett, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>7-19-1962</u>		26. REGISTRAR'S SIGNATURE <u>Charles R. Cook</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.